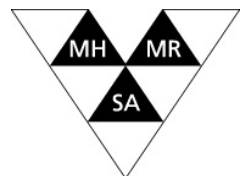

Public Information and Education Template for Disaster Mental Health



*Prepared through the Virginia Department of Mental Health,
Mental Retardation, and Substance Abuse Services
July 2005*





Raven, VA June 19, 2004 -- Flood waters damaged homes along the riverbank, causing many homes to fill with mud and debris.
FEMA Photo/John Shea

Cover Photos

Raven, VA June 19, 2004 -- Flood waters damaged homes along the riverbank, washing many residents' items downstream.
FEMA Photo/John Shea

Arlington, VA, September 21, 2001 -- The exterior of the Pentagon crash site is shown after the area has been stabilized by shoring structures. Photo by
Jocelyn Augustino/ FEMA News Photo

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*CD –ROM, below, with template and samples of press releases,
educational materials, and web site content to be customized for your use.*

“Educating the public and emphasizing the natural recovery process is important. Linking anticipated reactions and behaviors provides a measure of individual control and improves coping. Active coping strategies can be presented in multiple media formats, particularly as this has been shown to be one of the most protective strategies against ongoing distress.”

*--The Psychological Impacts of Bioterrorism;
Molly J.Hall, Ann E. Norwood, Robert J. Ursano, and Carol S. Fullerton;
Biosecurity and Bioterrorism; August 28, 2003*

Introduction

After a Presidentially declared disaster, the Crisis Counseling Assistance and Training Program, more commonly referred to as the Crisis Counseling Program or CCP, may be available for supplemental funding to States, territories, and tribal nations to provide short-term crisis counseling services to eligible victims. The CCP is administered by the Federal Emergency Management Agency (FEMA) of the Department of Homeland Security (DHS), assisted by the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services (DHHS).

The goal of crisis counseling is to assist individuals in coping with the psychological aftermath of the disaster, to mitigate additional stress or psychological harm, and to promote the development of understanding and coping strategies which the individual may be able to call upon in the future. Crisis counseling services include screening, diagnostic, and counseling techniques, as well as outreach services such as community networking, consultation, public information, and education which can be applied to meet mental health needs immediately after a major disaster declaration. The CCP helps disaster survivors to recognize typical reactions and emotions that occur after a disaster and to regain control over themselves and their environment.

Public information and education, mentioned above, is an important component of the CCP. What follows is a guide for developing public information and education efforts about disaster mental health by helping you identify the Who, What, Where, When, and How, which are critical first steps in any communication strategy. In addition to recommendations, how-to lists, and samples, there are several excerpts from other sources with information about risk communications, emergency risk communications, and crisis communications. A list of resources is also included at the end of this document for further reference and guidance.

As a disaster mental health worker, many of the basic elements of risk communication are already familiar to you: building and maintaining trust and credibility, showing empathy and understanding, increasing knowledge, establishing open communication, demonstrating commitment, listening to and sharing concerns, and encouraging positive behaviors and actions. Effective risk communication relies on the same components. Continue to use them throughout your public information and education efforts after a disaster to promote recovery, resilience, and preparedness. Use this guide to help you through the steps of determining who you will communicate to, what you will say, where you will say it, when you will say it, and how.

This guide also includes a CD-ROM that has samples of press releases, scripts, educational materials, web site content, and a recommended web site outline, which you may customize for your Community Services Board (CSB). These samples will help you prepare now so you can respond quickly after the next disaster.

Having a solid foundation is important for providing information to disaster survivors about common reactions and effective coping strategies so they will be better able to recover and build resilience. Public information and education efforts can encourage specific actions. It can even establish credibility and recognition, which is important when trying to get people to listen to your message. For instance, if someone has heard about the crisis counseling project on television, on the radio, or read about it in a newspaper, he or she may be more willing to “open the door” to your outreach worker. And, sometimes, survivors just need to hear that what they are feeling is normal so they can start to recover, which effective, consistent, and regular public information and education efforts can do. Public information and education supplements and reinforces your outreach after a disaster. Getting a head start on a public information and education is critical. This template, prepared through the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services, will help you get that head start.



Richmond VA, September 5, 2004 -- This section of E. Grace Street collapsed during tropical storm Gaston. Gaston dropped twelve inches of rain in the area. Photo by: Liz Roll/FEMA News Photo



Questions to Consider

Before you proceed with the public information and education template, consider your responses to the following questions.

Disaster History

- ☒ When was the last time your CSB was hit by a disaster?
- ☒ What were the CSB's goals after the disaster?
- ☒ What were the disaster mental health goals of your CSB after the disaster?
- ☒ How were the goals of the CSB's disaster response and of disaster mental health integrated?
- ☒ Who did you coordinate with to release information?

Public Information and Education

- ☒ Who was the spokesperson?
- ☒ Who coordinated the verification and release of information to the public?
- ☒ How were the CSB's disaster response and recovery messages and the disaster mental health messages integrated?
- ☒ What public information and education efforts about disaster mental health have been conducted after past disasters?
- ☒ Other than media outreach (interviews, press releases, press conferences, etc.), how did your CSB reach people in the impacted area?
- ☒ What information did your CSB provide?

Groups Impacted by Past Disasters

- ☒ What groups were impacted by the disaster?
- ☒ What kinds of information did they find most helpful?
- ☒ What were the most effective ways to reach the general public?
- ☒ What obstacles did your CSB face in reaching the general public?
- ☒ How did your CSB reach specific groups (by age, language, culture, ethnic, military, etc.)?
- ☒ How did your CSB change the information and the delivery of the information based on the specific groups?

-
- ☑ What kinds of information did the specific groups find most helpful?
 - ☑ What were the most effective ways to reach the specific groups?
 - ☑ What obstacles did your CSB face in reaching the specific groups?

Disaster Mental Health Information Available Now

- ☑ What information or materials do you currently have that could be used if a disaster struck?
- ☑ Is disaster mental health information included in other disaster recovery materials?
- ☑ Who would you coordinate with to prepare and communicate information?
- ☑ What other organizations would help you communicate disaster mental health information?
- ☑ Does your CSB already have a project name, logo, and tag line that has been used for crisis counseling programs in the past that you can use for future crisis counseling projects?
- ☑ Does your CSB already have a web site about disaster mental health?
- ☑ Does your CSB have a toll free number people may call for more information after a disaster? What about a TDD or TDY number?
- ☑ How will public information and education will help you reach your disaster mental health goals?



Henrico County, VA September 4, 2004 -- Shirley Perritt surveys the damage to her home at Walker Village trailer park. The trailers were severely affected by flooding after tropical storm



Arlington, VA, September 21, 2001 -- A volunteer from the Salvation Army talks to relief and rescue workers during lunch at the Pentagon crash site.
Photo by Jocelyn Augustino/FEMA News Photo

The Who

The “Who” question relates to the person providing the information, as well as the people you are trying to reach: the survivors. The person providing information is addressed in Who, Part 1: The Spokesperson. Part 2 covers identifying the survivors.

Who, Part 1: The Spokesperson

The spokesperson provides information to the public, usually through the media, at meetings, and at other events. The spokesperson not only provides information, but represents the organization, and can help model the kind of behavior he or she is promoting. It is critical that this individual has accurate information, compassion, credibility, and composure, as well as the ability to provide information and respond to inquiries immediately. Much information already exists about the roles and responsibilities of a spokesperson. Some basics follow.

The Importance of a Spokesperson

The information below is from *Helping to Heal: A Training on Mental Health Response to Terrorism*, produced by the Community Resilience Project.

When approached by media during the event, the primary role of the disaster mental health worker is to refer the media to an appropriate spokesperson. The media can be important allies in promoting disaster mental health services and events to the community in the days following the event. Acknowledging the media’s role in providing and sharing information with the public, and working to keep a cooperative relationship with them, is important. This can be accomplished by referring the media to the appropriate spokespersons, and following journalistic guidelines, such as those discussed below, when providing information about disaster mental health services and events.

Do:

- ☑ Refer the media to your organization’s spokesperson.
- ☑ Make yourself available to the media if approved by your organization.
- ☑ Realize that the media will decide what goes in their broadcast or publication and what they tell their audience.
- ☑ Make suggestions for the most important points to cover in the story or suggestions for other people to interview.
- ☑ Make points clear, concise, and consistent.
- ☑ Acknowledge when you do not have enough information or are unclear about something.

Do not:

- ☑ Ignore them.
- ☑ Give them any information without the approval of the appropriate communication officer.
- ☑ Spoon-feed them stories or headlines.
- ☑ Dictate what you think they should put in their broadcast or publication.
- ☑ Expect that what you think is news will always be considered news by the media.

Below are additional steps and recommendations.

- ☒ Prepare information about disaster mental health to have on hand, which may be prepared with blanks for information you will update at the time of a disaster. Some items to prepare now include:
 - Fact sheets
 - Backgrounders
 - Checklists
 - Brochures
 - Draft releases
 - Draft scripts
 - Web sites

- ☒ If you are not the spokesperson, identify the individual who is and share your contact information with that person:
 - Name
 - Organization
 - Responsibility after a disaster
 - Telephone number
 - Cell phone number
 - Pager number
 - Fax number
 - Email address

- ☒ Ask the spokesperson how he/she would like to get disaster mental health information from you after a disaster.
 - Telephone
 - Fax
 - Email
 - Pager
 - Other

- ☒ Identify ways in which the spokesperson, whether it is you or someone else, will provide information to the media and public after a disaster, such as:
 - Press conferences
 - Interviews
 - Press releases
 - Town meetings
 - Fact Sheets
 - Backgrounders
 - Checklists
 - Brochures
 - Web sites
 - Toll free numbers

-
- ☑ Identify points of contact at other government, public, and private sector offices and organizations that will respond to a disaster, and make a list of the following:

- ☞ Office/department name
- ☞ Name
- ☞ Title
- ☞ Responsibility after a disaster
- ☞ Telephone number
- ☞ Cell phone number
- ☞ Pager number
- ☞ Fax number
- ☞ Email address

“Mental health needs to be a part of all emergency planning.”

*--Former first lady, Rosalynn Carter
June 5, 2003*

- ☑ Provide your contact information to these people.
 - ☑ Meet with officials and public information staff (and the spokesperson if it will be someone other than yourself) who will be responding after a disaster to explain how disaster mental health fits with overall disaster planning, response, and recovery, and provide them with the information you have prepared.
 - ☑ Request that disaster mental health information be integrated into overall disaster messages and communication, including:
 - ☞ Press releases
 - ☞ Press conferences
 - ☞ Brochures
 - ☞ Fact Sheets
 - ☞ Backgrounders
 - ☞ Community and/or disaster preparation/emergency web sites
 - ☞ Stuffers and mailings
 - ☞ Posters
 - ☞ Flyers
 - ☞ Public Service Announcements (radio, TV, newspaper)
 - ☞ Paid advertisements (radio, TV, newspaper)
 - ☑ Determine how they would to get disaster mental health information from you after a disaster.
 - ☑ Provide disaster mental health information to those you have identified on a regular basis after a disaster.
 - ☑ Coordinate messages among your disaster response team and other disaster response organizations to ensure that the information is consistent before you talk to the media or the public.
 - ☑ Verify information before releasing it to the media or to the public; if there is an error, correct it right away among all who received the incorrect information.
-

Peter Sandman's 25 Key Crisis Communication Recommendations

- ☑ Don't over-reassure.
- ☑ Put reassuring information in subordinate clauses.
- ☑ Err on the alarming side.
- ☑ Acknowledge uncertainty.
- ☑ Share dilemmas.
- ☑ Acknowledge opinion diversity.
- ☑ Be willing to speculate.
- ☑ Don't overdiagnose or overplan for panic.
- ☑ Don't aim for zero fear.
- ☑ Don't forget emotions other than fear.
- ☑ Don't ridicule the public's emotions.
- ☑ Legitimize people's fears.
- ☑ Tolerate early over-reactions.
- ☑ Establish your own humanity.
- ☑ Tell people what to expect.
- ☑ Offer people things to do.
- ☑ Let people choose their own actions.
- ☑ Ask more of people.
- ☑ Acknowledge errors, deficiencies, and misbehaviors.
- ☑ Apologize often for errors, deficiencies, and misbehaviors.
- ☑ Be explicit about "anchoring frames."
- ☑ Be explicit about changes in official opinion, prediction, or policy.
- ☑ Don't lie, and don't tell half-truths.
- ☑ Aim for total candor and transparency.
- ☑ Be careful with risk comparisons.

For more about these, visit Peter Sandman's website at:
www.psandman.com/col/crisis.htm.

Who, Part 2, Your Audience

The second part of the “Who” question relates to those you are trying to reach—the survivors. Use the information below to help guide you in identifying your audience.

Identify the type of disaster to help determine who may have been impacted.

- ☑ Natural
- ☑ Technological
- ☑ Manmade/Terrorist attack
 - ☞ A manmade disaster such as terrorism, may have a wider impact than a natural disaster, so the reach of your public information and education efforts will need to be broader
 - ☞ Terrorism is psychological warfare, and the impact on mental health, including reactions and coping strategies, must be recognized and addressed from the beginning
- ☑ Determine if there has been a disaster in the area before. People’s reactions may be different if it was the first disaster they experienced, if they have experienced a disaster or traumatic event before, or a disaster hits while they are still recovering from a recent one. For instance, during the period following the 9/11 terrorist attacks, people in the region were also impacted by the anthrax attacks, the sniper attacks, and the war. These subsequent events launched some people into earlier phases of recovery, caused some to react to later events stronger than they had the first, and triggered new reactions.
 - ☞ If it is a first time event, people may be:
 - ☞ Unfamiliar with the disaster and its impact.
 - ☞ Unsure of what to do, where to get help.
 - ☞ If a disaster has happened before, people may be:
 - ☞ Retraumatized, particularly if the last occurrence was relatively recent, and may have triggered new or different reactions.
 - ☞ More resilient because they have experience coping with a disaster or traumatic event.
- ☑ Consider people who live, work, and/or go to school in the impacted area.

The impact area for a natural disaster will be very different than the impact area for a terrorist attack and must be taken into consideration when determining who to reach and where.

Emergency Risk Communication

When providing information to the public, through the media or directly, follow the Basics of Emergency Risk Communication (ERC) below. These have been adapted from the *Centers for Disease Control and Prevention (2003), Emergency Risk Communication (ERC) CDCynergy, Office of Communications, U.S. Department of Health and Human Services*.

The Basics of Emergency Risk Communication (ERC)

Emergency Risk Communication is the art of providing information during a crisis that:

- ☑ Responds as quickly, accurately, and fully as possible
- ☑ Educates individuals on the best possible choices they can make for their well-being
- ☑ Communicates risks without creating panic
- ☑ Acknowledges when facts are limited or unavailable
- ☑ Enables and models resilience and recovery

How to do it:

- ☑ Realize that your goal is not to dictate what the public should do.
 - Instead, give people information to keep them involved, interested, thoughtful, solution-oriented, and collaborative.
- ☑ Listen to the audience.
 - Find out what they know, what they are thinking, and how they are feeling.
 - Provide information that addresses their concerns and uncertainties.
- ☑ Earn trust and credibility—do not expect it.
 - If you do not know or are unsure about something, say so.
 - If you make a mistake, correct it.
 - Be honest and open.
- ☑ Coordinate with other sources.
 - Take the time to build relationships and collaborate with other credible organizations.
- ☑ Work with the media.
 - Respect their formats and deadlines.
 - Be open and accessible to them.
 - Share background information and positive messages with them.
- ☑ Leave “office-speak” at the office.
 - Information that is shared with empathy and uses real-life stories captures an audience more than any jargon can.
- ☑ Plan, deliver, and assess.
 - Develop and communicate messages that meet the needs of the audience.
 - Evaluate their impact and revise as appropriate.

What counts most in Emergency Risk Communications:

- ☑ Simplicity
- ☑ Credibility
- ☑ Verifiability
- ☑ Consistency
- ☑ Speed

-
- ☑ Identify specific audiences or groups in the impacted area, such as:
 - ☞ Age (e.g., children, teens, older adults)
 - ☞ Cultural
 - ☞ Family (e.g., single-parent, blended-family, or multiple-family households)
 - ☞ Gender
 - ☞ Languages and dialects
 - ☞ Mental/emotional disability status
 - ☞ Military and/or government
 - ☞ Physical disability status
 - ☞ Professions and unemployment rate
 - ☞ Race/ethnicity
 - ☞ Refugee and immigrant status
 - ☞ Religion
 - ☞ Rescue workers/disaster workers
 - ☑ Identify other factors to consider when determining groups in the impacted area, such as:
 - ☞ Education and literacy levels
 - ☞ Income levels
 - ☞ Lifestyles and customs
 - ☑ Determine how each of these specific groups may need information provided differently, whether it is a translation, cultural concerns, or other, and what types of information may be appropriate for one group and not another.
 - ☑ Understand your audiences—their perceptions, beliefs, customs, fears, etc.—before you start to communicate with them so your efforts will better address their specific concerns after a disaster.

“Good crisis communication — and before-crisis and after-crisis communication — will produce a fairly calm public bearing its appropriate new fear, not a public calmly unafraid. Leaders who acknowledge and bear their own fears — who work on their panic and their fear of fear — will be better able to help the rest of us bear ours.”

—*Fear of Fear: The Role of Fear in Preparedness ...
and Why It Terrifies Officials*
by Peter M. Sandman and Jody Lanard
September 7, 2003

Perception of Risk

The perception of risk is vitally important in emergency communication. Not all risks are created equally. A wide body of research exists on issues surrounding risk communication, but the following emphasizes that some risks are more accepted than others.

■ **Voluntary versus involuntary:** Voluntary risks are more readily accepted than imposed risks.

■ **Personally controlled versus controlled by others:** Risks controlled by the individual or community are more readily accepted than risks outside the individual's or community's control.

■ **Familiar versus exotic:** Familiar risks are more readily accepted than unfamiliar risks. Risks perceived as relatively unknown are perceived to be greater than risks that are well understood.

■ **Natural origin versus manmade:** Risks generated by nature are better tolerated than risks generated by man or institution. Risks caused by human action are less well tolerated than risks generated by nature.

■ **Reversible versus permanent:** Reversible risk is better tolerated than risk perceived to be irreversible.

■ **Statistical versus anecdotal:** Statistical risks for populations are better tolerated than risks represented by individuals. An anecdote presented to a person or community, i.e., "one in a million," can be more damaging than a statistical risk of one in 10,000 presented as a number.

■ **Endemic versus epidemic (catastrophic):** Illnesses, injuries, and deaths spread over time at a predictable rate are better tolerated than illnesses, injuries, and deaths grouped by time and location (e.g., U.S. car crash deaths versus airplane crashes).

■ **Fairly distributed versus unfairly distributed:** Risks that do not single out a group, population, or individual are better tolerated than risks that are perceived to be targeted.

■ **Generated by trusted institution versus mistrusted institution:** Risks generated by a trusted institution are better tolerated than risks that are generated by a mistrusted institution. Risks generated by a mistrusted institution will be perceived as greater than risks generated by a trusted institution.

■ **Adults versus children:** Risks that affect adults are better tolerated than risks that affect children.

■ **Understood benefit versus questionable benefit:** Risks with well-understood potential benefit and the reduction of well-understood harm are better tolerated than risks with little or no perceived benefit or reduction of harm.

(Source: Crisis and Emergency Risk Communication, CDC, PHS, 2002)



What do I say?

The What

What you communicate is important to helping people understand their reactions and the steps they take to effectively cope with them. Before you start preparing anything, however, make a list of your goals and develop your messages based on those goals. See below for more recommendations.

- ☑ Identify your public information and education goal/s for disaster mental health, which may change during the course of the disaster recovery. Some goals may include:
 - Encouraging people to take a specific action, such as protection, prevention, or mitigation.
 - Informing the public about the mental health impact of the disaster, such as common reactions.
 - Informing the public about effective coping strategies.
 - Reassuring the public.
 - Demonstrating the behaviors and actions you are encouraging.
 - Providing updates and regular information about what to expect at the different stages of recovery.
 - Encouraging people to call or visit a website for information and help.
- ☑ Identify what you will say—your message—based on your public information and education goals. Note that your goals and messages may be different depending on the type of disaster, the method of communication (i.e. brochure or checklist or ad), and the timing. Below are messages based on broad goals that may be used during different periods of your crisis counseling program. It is important to remember that not all disasters are the same and therefore some of these goals and messages may be appropriate for one disaster, and not another, or during different periods of time.

Check out Peter Sandman’s web site for tips and suggestions about other types of messages to use after a disaster to encourage recovery and resilience. The web address is: www.psandman.com.

 - What your goals and messages may be during the Immediate Services Period of the Crisis Counseling Program
 - Address and calm fears, concerns, and other stress reactions such as anger and sadness with messages such as:
 - *Many of us have been shaken by EVENT.*
 - *Many of us may be feeling angry, scared, or anxious.*
 - Normalize reactions with messages such as:
 - *This disaster has been traumatic for many of us. It is normal to feel scared, angry, or anxious.*
 - *Many of us are anxious or angry, or having a hard time sleeping or concentrating. These reactions are common after a disaster, and there are effective ways to deal with these reactions to help us through this tough time.*
 - *Children often have reactions such as nightmares, fear of the dark or fear of being alone.*

-
- Inform and educate people about coping strategies with messages such as:
 - *After a disaster, children need our reassurance. Help by re-establishing a routine such as reading a bedtime story, that lets them know that you are there, that you love them, and that some things stay the same.*
 - *Here are some ways to help cope with reactions to the DISASTER, such as sadness, fear, and anxiety: limit how much time you watch the news, spend some time with your friends and family, and do something you enjoy.*
 - Encourage and promote specific actions for prevention, coping, recovery, or preparedness, with a message as follows:
 - *As we cope with the DISASTER, it is important to avoid turning to alcohol, smoking, or food. Instead, try to get some sleep, eat healthy foods, and exercise.*
 - Provide information about how people may get more information or help (toll free number, web address, physical address) by including this statement in all your communication:
 - *For free information about how you and your loved ones can cope with these reactions, call NUMBER or visit WEB.*
 - What your goals and messages may be during the Regular Services Period of the Crisis Counseling Program
 - Address new fears, concerns, stress reactions. A sample statement is below.
 - *Some of us feel the situation is hopeless, and may have a greater risk of experiencing reactions like anger, fear, headaches, or sleeping problems. Others feel they are coping pretty well. Yet, all of us can take steps to prepare for and cope with reactions to disasters.*
 - Inform and educate people about disaster mental health with a message such as:
 - *After a disaster, so many things in our lives are shaken. It can be hard to find anything that's normal. Disaster mental health programs are just a helping hand to guide us through these tough times, and find better ways to cope, recover, and build resilience.*
 - Inform and educate people about common reactions and what they may expect at different points of recovery. Below are some sample messages:
 - *After a disaster, children often cry or whine more, act out, and may be afraid to be alone. Learn how to recognize the reactions and how to help your children get through this difficult time by calling NUMBER or visiting WEB.*
 - *Sometimes, our reactions to a disaster, can cause us to have headaches, backaches, or stomach problems. Learn to recognize these reactions, and how to cope with them by getting free information from NAME OF PROJECT.*
-

- *Sometimes, our reactions to a traumatic event, such as the DISASTER, can make it hard to concentrate, make decisions, or focus at work. Learn to recognize these reactions, and how to cope with them by contacting PROJECT for free information.*
- *Sometimes, our experience with a traumatic event, such as the DISASTER, makes us sensitive to loud noises or other reminders of the disaster. Some of us become very watchful, looking for signs that another disaster is ready to happen. Learn to recognize these reactions, and how to cope with them by contacting PROJECT for free information.*
- *Since the DISASTER, many families in AREA have suffered from anxiety and sleeplessness. If you, your spouse or your children need someone to talk to, call NUMBER.*
- Inform and educate people about coping strategies, with these kinds of messages:
 - *Here are some ways to help cope with the DISASTER: limit how much time you watch news coverage of the event, spend some time with your friends and family, and do something you enjoy.*
 - *When trying to cope with the DISASTER seems to be too much, avoid turning to alcohol, smoking, or food. Instead, try to get some sleep, eat healthy foods, and exercise.*
- Provide information about how people may get more information or help (toll free number, web address, physical address). Use this kind of statement in all your communication:
 - *For free information about how you and your loved ones can cope with these reactions, call NUMBER or visit WEB.*
- Encourage and promote specific actions for prevention, coping, recovery, or preparedness. A sample message is below.
 - *Though the disaster has already happened, now is a great time to prepare an emergency plan.*
 - *Get your family involved to prepare an emergency preparedness kit.*

Include yourself in your messages by using words such as “We” and “Us.” It helps people join with you and join together to recover...even if some are not having reactions. Here is an example:

Some of us feel the situation is hopeless, and may have a greater risk of experiencing reactions such as anger, fear, headaches, or sleeping problems. Others feel they are coping pretty well. Yet, all of us can take steps to cope with reactions to this disaster for our loved ones, our communities, and ourselves.

-
- What your goals and messages may be during the Anniversary Period
 - Inform and educate people about what type of reactions they may have around the anniversary of the event, with these kinds of messages:
 - *Anger, fear, anxiety, trouble sleeping, and difficulty concentrating are among the many reactions people may have as we approach the anniversary of the DISASTER. Though these reactions may come as a surprise to some, staff from PROJECT say that it is common for these reactions to resurface or intensify on the anniversary of the event, even for those who were not direct victims.*
 - *Many people may experience physical and emotional reactions to the anniversary of the DISASTER. To help people through this difficult time, free counseling, referrals, and education are available through PROJECT.*
 - Encourage and promote specific actions and coping strategies for the anniversary, with messages such as:
 - *Some people's reactions to the anniversary of the DISASTER may come as a surprise. However, even those who were not direct victims may experience sadness, anger, or anxiety. Prepare for the anniversary by knowing what the common reactions are and having a plan for how to cope with them.*
 - *Children will be having their own reactions to the anniversary. Answer your children's questions honestly but don't dwell on frightening details, and, listen attentively to what children are saying and provide reassurance without minimizing their fears.*
 - *Here are some ways to help cope with reactions to the anniversary of the DISASTER: limit how much time you watch news coverage of the event, spend some time with your friends and family, and do something you enjoy.*
 - Encourage and promote specific actions to prepare for the future, with messages that may include:
 - *Firefighters, soldiers, police officers, and even athletes, are trained on ways to prepare for traumatic and stressful situations. These professionals understand the importance of being mentally prepared. Why should the rest of us do it alone?*
 - *Being prepared mentally can involve identifying your strengths and abilities, knowing how you have gotten through tough times in the past, and continuing to do things you enjoy.*

Mental Noise Theory

The information on these two pages is from *Communication in Risk Situations: Responding to the Communication Challenges Posed by Bioterrorism and Emerging Infection Diseases*, prepared by the Association of State and Territorial Health Officials (ASTHO) in April 2002.

When people are upset they have difficulty hearing, understanding, and remembering.

- ☑ Send a limited number of clear messages: 3 key messages
- ☑ Keep messages brief: 10 seconds or 30 words
- ☑ Repeat messages: Tell them what **you are** going to tell them. Tell them. Tell them what you told them.
- ☑ Use visual aids: graphics, slides
- ☑ Be aware that it takes three positive messages to balance one negative statement
- ☑ Avoid unnecessary use of the words: No, Not, Never, Nothing, None

Body Language

Body Language often overrides verbal communication. It provides up to 75% of message content. It is noticed intensely and is easily negatively interpreted.

- ☑ Poor eye contact can leave an audience feeling that you are dishonest, unconcerned or nervous
- ☑ Sitting back in your chair can make you look uninterested or unconcerned
- ☑ Crossing your arms across your chest can convey that you are defiant, defensive, or uninterested
- ☑ Frequent hand to face contact can make you look dishonest or nervous
- ☑ Drumming or tapping with hands or feet conveys nervousness, hostility, or impatience
- ☑ Resting your head in your hand can make you look bored or tired
- ☑ A raised voice can send the message that you are hostile, nervous, or deceitful

Message Maps

Your responses to an individual's questions and concerns will affect your success. Prepare and practice. Consider how to answer questions in general and how to respond to specific inquiries.

Guidelines

- ☑ Be prepared. If you know your subject and know your audience, most questions can be anticipated. Develop and practice responses.
- ☑ Track Your Key Messages. Use your responses as opportunity to reemphasize your key messages.
- ☑ Keep Your Answers Short and Focused. Your answer should be less than 2 minutes long.
- ☑ Practice Self-Management. Listen. Be confident and factual. Control your emotions.
- ☑ Speak and Act with Integrity. Tell the truth. If you don't know, say so. Follow up as promised. If you are unsure of a question, repeat or paraphrase it to be certain of the meaning.
- ☑ Whenever possible develop message maps

Message maps are risk communication tools that are used to help address mental noise. They help organize complex information and make it easier to express current knowledge.

- ☑ Limit to 3 key messages
- ☑ Maximum of 3 supporting statements for each key message

Draft Sample Message Maps

You can use these examples to develop your own message maps for potential crisis situations. Limit your message to three key points. Back up those points with up to three supporting facts.

These sample maps (only 2 of those included in the document are included on the following page) are drafts only and are part of a federal government sponsored project being conducted with the assistance of the Center for Risk Communication and the Oak Ridge Institute for Science and Education.

How contagious is smallpox?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
Smallpox spreads slowly compared to measles or the flu	This allows time for us to trace contacts and vaccinate those people who have come in contact.	Vaccination within 3 to 4 days of contact will generally prevent the disease
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
People are only infectious when the rash appears and they are ill	The incubation period for the disease is 10-14 days	People who have never been vaccinated are the most important ones to vaccinate
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
It requires hours of face-to-face contact	Resources for finding people are available.	Adults who were vaccinated as children may still have some immunity to smallpox
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
There are no asymptomatic carriers	Finding people who have been exposed and vaccinating them is the successful approach	Adequate vaccine is on-hand and the supply is increasing

What are the signs and symptoms of smallpox?		
Key Message Fact 1	Key Message Fact 2	Key Message Fact 3
High fever and too sick to move around	The rash generally appears 2-3 days after the fever starts	The rash changes its appearance over 10-14 days
Supporting Fact 1-1	Supporting Fact 2-1	Supporting Fact 3-1
Too sick for normal activities	When the rash appears the disease can be spread	The way the rash changes makes diagnosis easy
Supporting Fact 1-2	Supporting Fact 2-2	Supporting Fact 3-2
Can't spread the disease before the rash appears	Tests can prove the illness is smallpox	Healthcare workers are trained to diagnose smallpox
Supporting Fact 1-3	Supporting Fact 2-3	Supporting Fact 3-3
High fever is uncommon for chickenpox	Testing for smallpox is easy	Photos of smallpox are available on the CDC website

-
- ☑ Identify the obstacles you may face in reaching your disaster mental health goals:
 - ☹ Lack of understanding about disaster mental health
 - ☹ Perception or stigma of mental health in the community or within specific groups
 - ☹ Resistance to seeking help or assistance of any kind
 - ☹ Perception of government programs
 - ☑ Identify the kind of information and messages that will help overcome these obstacles and encourage survivors to get help.
 - ☑ Determine the ways in which what you communicate should differ based on the specific group, for example:
 - ☹ Does information need to be translated into other languages?
 - ☹ Does information need to be presented to children or teens?
 - ☹ Does information need to be altered to effectively reach specific groups, such as military, or based on culture or religion?



Zuni, VA, September 24, 1999 -- Residents try to cope with cleanup after Hurricane Floyd flooded their homes. Photo by Liz Roll/ FEMA News Photo

Crisis and Emergency Risk Communication Guidelines

From the Centers for Disease Control and Prevention (2003), Emergency Risk Communication (ERC) CDCynergy, Office of Communications, U.S. Department of Health and Human Services.

BE FIRST. BE RIGHT. BE CREDIBLE

Build Trust and Credibility* by Expressing:

- ☒ Empathy and caring
- ☒ Competence and expertise
- ☒ Honesty and openness
- ☒ Commitment and dedication

Top Tips:

- ☒ Don't over reassure.
- ☒ Acknowledge uncertainty.
- ☒ Express wishes ("I wish I had answers").
- ☒ Explain the process in place to find answers.
- ☒ Acknowledge people's fear.
- ☒ Give people things to do.
- ☒ Ask more of people (share risk).

As a Spokesperson:

- ☒ Know your organization's policies.
- ☒ Stay within the scope of responsibilities.
- ☒ Tell the truth. Be transparent.
- ☒ Embody your agency's identity.

Prepare to Answer These Questions:

- ☒ Are my family and I safe?
- ☒ What can I do to protect myself and my family?
- ☒ Who is in charge here?
- ☒ What can we expect?
- ☒ Why did this happen?
- ☒ Were you forewarned?
- ☒ Why wasn't this prevented?
- ☒ What else can go wrong?
- ☒ When did you begin working on this?
- ☒ What does this information mean?

Stay on Message:

- ☒ "What's important is to remember..."
- ☒ "I can't answer that question, but I can tell you..."
- ☒ "Before I forget, I want to tell your viewers..."
- ☒ "Let me put that in perspective..."

CONSISTENT MESSAGES ARE VITAL

**The four factors for building trust and credibility as listed are based on the research of Dr. Vincent T. Covello, Center for Risk Communication.*



The When

When you communicate is critical. If you are late getting information to the media, you will have a much more difficult time establishing yourself and your organization as a reliable and credible source of information...and that can hurt your efforts to communicate your messages and reach your disaster mental health public information and education goals. In addition to the communication needs immediately after a disaster, public information and education needs will continue to exist for several months after a disaster. You will need to be prepared with a variety of methods to get your information to survivors (which is covered in the How section). Though each disaster is different, below is a general overview of how the Emergency Risk Communication (ERC) lifecycle and how it may correspond to your crisis counseling program. (*Source of the ERC information: Centers for Disease Control and Prevention, Emergency Risk Communication, CDCynergy, Office of Communications, U.S. Department of Health and Human Services.*) If another disaster or traumatic event occurs during any of the phases, this lifecycle, and therefore your goals and messages, will be impacted.

The ERC Pre-Crisis Phase

This phase occurs before a disaster. Plan and prepare by:

- ☑ Anticipating questions and answers.
- ☑ Drafting fact sheets about your organization, normal reactions to a disaster and effective coping strategies, and other materials for the media, such as press releases, with blanks to fill in later.
- ☑ Identifying spokespersons and communication response resources.
- ☑ Refining and training on communication plans.
- ☑ Building relationships with experts and other response organizations.

The ERC Initial Phase

This phase occurs immediately after a disaster, which will usually coincide with your Immediate Services period or the 60 days after disaster declaration. The ERC Initial Phase is described below.

- ☑ Intense media interest and widespread confusion.
- ☑ Show empathy and compassion.
- ☑ Put your spokesperson out front to show that your organization is facing issues head-on in a reasonable, caring and timely manner.
- ☑ Establish your organization as a credible resource and a place to go for help.
- ☑ Inform the public about what they can do for their safety and well-being. Let the public know that you're committed to keeping them informed.

The ERC Maintenance Phase

This phase will often occur during your crisis counseling project's Regular Services timeframe (from crisis counseling project award to 9 months). It is described below.

- ☑ Stay on top of rumors, conflicting facts and misinformation that may be circulating. Address these and help the public more accurately understand the situation.
- ☑ Share background information about the event as appropriate.
- ☑ Promote your response efforts positively and enthusiastically to gain understanding and support for them.

ERC Maintenance Phase (continued)

- ☑ Provide information about normal reactions and effective coping strategies.
- ☑ Explain recommendations that are made to the public about their safety and well-being.
- ☑ Enable decision-making by your explanations.

ERC Resolution Phase

This phase will likely occur toward the end of your crisis counseling program, and is described below.

- ☑ Decreased public/media interest.
- ☑ Increased understanding about the event and where to go for help.
- ☑ Reinforce public health messages.
- ☑ Continue to promote your services.
- ☑ Examine mishaps and learn from them. Continue to focus on what works.

The ERC Resolution Phase will continue as you reach the one-year anniversary, and may have begun a few months before the anniversary. The exception is that media interest is generally high at the anniversary period. Take advantage of this interest by providing disaster mental health information about recovery, resilience, and preparedness to the media in addition to your other public information and education efforts.

The ERC Evaluation Phase

This phase will likely occur after the anniversary, and help you move back into the pre-crisis phase. During the Evaluation Phase, follow the steps below.

- ☑ Evaluate your communication activities. Glean from lessons learned and adapt your approach accordingly.
- ☑ Document what worked and what didn't work, as well as specific ways to improve your communication plan.
- ☑ In addition to the timing of your communication, it is important to take steps to ensure that you communicate on a regular and frequent schedule to help:
 - Establish recognition for the project.
 - Gain acceptance for the disaster mental health messages and information you are providing.
 - Integrate disaster mental health into the regular disaster planning, response, and recovery process.
 - Educate people about common reactions.
 - Provide information about effective coping strategies.
 - Encourage behaviors and actions that will promote overall well-being and comprehensive recovery.
- ☑ To help establish regular and frequent communication, create, implement, and maintain a calendar with a schedule of all your public information and education efforts, and use a combination of efforts, including paid advertising.



The Where

Where you conduct your public information and education efforts will be based on the location and type of disaster.

- ☑ Identify the type of disaster to help determine areas to target with your public information and education efforts. For instance, a terrorist attack may have a wider impact area, as even those who are not directly impacted may experience reactions.
- ☑ Determine the location/s that you will target for your public information and education campaign based on the impacted and surrounding areas.
- ☑ Identify media that reach people in those areas (keep in mind that media distributed in the disaster area may be located in another area).
- ☑ Determine the specific audiences (children, older adults, ethnic, military, etc.) located in the impacted area.

To help you generate your media list, below are a few web sites that have media listings by location (state, county, community, audience) and by type (radio, television, newspaper, and magazine):

Television, Radio, and Newspapers:

<http://newslink.org/>

<http://www.kidon.com/media-link/index.shtml>

http://dir.yahoo.com/News_and_Media/

Newspapers:

<http://www.refdesk.com/paper.html>

<http://newsdirectory.com/>

Radio Stations:

<http://www.radio-locator.com/>

- ☑ Make a list of the media that reach these locations (which may not always be physically located in the same area) and the audiences (children, older adults, ethnic, military, etc.).
 - ☉ Type of media
 - ☉ Name of media
 - ☉ Audience (general, military, farmers, etc.)
 - ☉ Circulation or reach (number of people reached and where they are located)
 - ☉ Frequency of the media (daily, weekly, monthly, quarterly)
 - ☉ Contact name
 - ☉ Title
 - ☉ Telephone
 - ☉ Fax
 - ☉ Cell phone
 - ☉ Email

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- ☑ This list will be helpful for your media relations, as well as for any paid advertising you may conduct. Note that the contacts for media relations, who will be editors and reporters, are different than those who are responsible for advertising. Both are important to have on your list.
 - ☑ Make a list of organizations, associations, and other groups that the specific audiences in your area may belong to. Reaching out through these organizations may help you build credibility and establish trust.
 - ☉ Name of organization
 - ☉ Description of membership (i.e. military, businesses, religious organizations, etc.)
 - ☉ Types of communication they conduct that you could use (newsletters, web sites, meetings, etc.)
 - ☉ Contact name
 - ☉ Title
 - ☉ Telephone
 - ☉ Cell phone
 - ☉ Email
 - ☉ Fax
 - ☉ Pager
 - ☑ To make this list, consider going to an online directory, such as www.superpages.com, and searching on churches, associations, community and civic organizations, community centers, and more by zip code.



Franklin, VA, September 24, 1999 -- Residents affected by Hurricane Floyd visit the Disaster Recovery Center in Franklin. Photo by Liz Roll/ FEMA News Photo



The How

Having identified the Who, What, Where, and When, you can then move to the How. Use your decisions about who you need to reach, what you will say, when to communicate to them (both in terms of the phase of recovery and the frequency), and where the survivors are located to help you determine the best ways in which to reach them. Public information and education efforts are most effective when you use a variety of methods on a consistent, regular, and frequent basis. Remember that some methods, such as a brochure, give you the space to provide more information, whereas paid advertising and press releases or interviews limit the amount of time and space you have. You will need to make your messages concise without compromising your goals. It is important that all your public information and education efforts are coordinated to reinforce your messages, and that you always include a statement about how people can get more information. This section offers information about how to communicate to help reach your disaster mental health goals.

Media/Public Relations

Public relations is communication that is generally placed as news or items of public interest, and therefore often have a legitimacy that paid advertising does not have. (*Source: Barron's Dictionary of Marketing Terms*). However, these efforts can be difficult to sustain on a regular and frequent basis, as the news media make the decisions about what is newsworthy and not. Though this is a critical piece of your public information and education efforts, especially in the immediate aftermath of a disaster, it is just one piece of a comprehensive plan to communicate your messages and reach your disaster mental health goals.

- ☑ Interviews, through which you are interviewed by media (usually one at a time), at their request or yours.
- ☑ Press conferences, through which the spokesperson makes formal announcements, statements, or updates to several media at one time.
- ☑ Press releases, which are written statements with news and/or updates that you send to the media with important information; these are typically one page and double spaced.
- ☑ Media advisories, which you send to announce a press conference or availability for media interviews.
- ☑ Fact sheets, which provide information about a specific topic, such as coping strategies, the crisis counseling project, etc.
- ☑ Backgrounders, which provide background information about your project or organization.
- ☑ Bylined articles, editorials and opinion columns, which are printed with your name, and can be longer than a press release.
- ☑ Talk shows, (television or radio) through which the spokesperson, provides updates, information, and answers questions.
- ☑ Town and community organization meetings, through which you present information to a group of people, who may or may not include the media, and are available to answer questions.
- ☑ Public Service Announcements, which may be used for print, radio, or television, and are aired or printed at the determination of the media.

How to Talk to the Media

The following interview tips (Source: Communication in Risk Situations: Responding to the Communication Challenges Posed by Bioterrorism and Emerging Infectious Diseases, Association of State and Territorial Health Officials) apply to any interview, but are especially useful in the event of a crisis:

BEFORE

Do:

- ☒ Ask who will be conducting the interview.
- ☒ Ask which subjects they want to cover.
- ☒ If you are the not the correct contact person to do the interview, say who is and why.
- ☒ Ask about the format and duration.
- ☒ Ask who else will be interviewed.
- ☒ Prepare and practice.

Don't:

- ☒ Tell the news organization which reporter you prefer.
- ☒ Ask for specific questions in advance.
- ☒ Insist they do not ask about certain subjects.
- ☒ Demand your remarks not be edited.
- ☒ Insist an adversary not be interviewed close-up
- ☒ Assume it will be easy.

DURING

Do:

- ☒ Be honest and accurate.
- ☒ Stick to your key message/s.
- ☒ State your conclusions first, then provide supporting data.
- ☒ Be forthcoming to the extend you decide beforehand.
- ☒ Offer to get information you don't have.
- ☒ Explain the subject and content.
- ☒ Stress the facts.
- ☒ Give a reason if you can't discuss a subject.
- ☒ Correct mistakes by stating you would like an opportunity to clarify.

Don't:

- ☒ Lie or try to cloud the truth.
- ☒ Improvise or dwell on negative allegations.
- ☒ Raise issues you don't want to see in the story
- ☒ Fail to think it through ahead of time.
- ☒ Guess.
- ☒ Use jargon or assume the facts speak for themselves.
- ☒ Say "No comment."
- ☒ Demand an answer not be used.

AFTER

Do:

- ☒ Remember you are still on the record.
- ☒ Be helpful. Volunteer to get information. Make yourself available. Respect deadlines.
- ☒ Watch for and read the resulting report.
- ☒ Call the reporter to politely point out inaccuracies, if any.

Don't:

- ☒ Assume the interview is over if the equipment is off.
- ☒ Refuse to talk any further.
- ☒ Ask: "How did I do?"
- ☒ Ask to review the story before publication or broadcast.
- ☒ Complain to the reporter's boss first.

Paid Advertising

Paid advertising is an important component of an effective public information and education plan. Though it may seem difficult, time-consuming, and expensive, it doesn't have to be. The benefits of paid advertising include:

- ☑ Establishing regular and consistent communication, especially once media attention has waned and it is more difficult to communicate your disaster mental health messages.
- ☑ Controlling your message rather than relying on reporters or others to communicate on your behalf and risking the possibility of inaccurate, inappropriate, or even no, communication
- ☑ Controlling where your message is communicated to effectively reach survivors
- ☑ Controlling how often your message is communicated to help break through the clutter for people to actually hear the message often enough to take the recommended steps for disaster mental health
- ☑ To get even more ads aired, as media are often more willing to provide free placements for a disaster recovery project when a certain number of spots are paid.

Paid advertising may include:

- ☞ Print
 - ☞ Newspapers
 - ☞ Newsletters (community organizations, etc.)
- ☞ Radio
 - ☞ Scripts for 30- and/or 60-second spots, which may be pre-recorded or live-read by DJs on local radio stations, and updated, rotated, and changed frequently to keep information current.
 - ☞ Traffic and Weather sponsorships which are about 10-seconds, and also read by DJs who people are familiar with and trust; plus people are listening for traffic and weather, making it more likely that your disaster mental health message will be heard.
- ☞ Television
 - ☞ Scripts
 - ☞ 30- and/or 60-second spots
- ☞ Direct Mail
 - ☞ Letter
 - ☞ Stuffer
 - ☞ Brochure
 - ☞ Flyer
 - ☞ Post card or reply card
- ☞ Outdoor Advertising
 - ☞ Billboards
 - ☞ Transit (buses, trains, subways and in the associated stations)

Use a combination of paid media to reach more people and to reinforce each other. For instance, air radio spots during the same weeks as you are running newspaper ads. Also coordinate your paid advertising with other efforts, such as when you will be attending a local event or holding a workshop. The more places people hear your information, the more likely they will actually “hear” your message and take the steps you are encouraging, such as calling or implementing effective coping strategies.

- ☑ Contact local media and request their help to produce ads and plan a local campaign that is within your budget. Most media, including cable companies, radio stations, and newspapers, have advertising staff who will help you write, design/produce ads, and plan an effective ad schedule.

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- ☑ Elements to include in paid advertisements:
 - ☞ Headline or introduction
 - ☞ Message (no more than three points, whether it is a list of reactions, or coping strategies)
 - ☞ Call to action (what you want the audience to do: Call or visit our web site for free information)
 - ☞ Project name
 - ☞ Logo
 - ☞ Tag line
 - ☞ Telephone number (including TDD for hearing impaired)
 - ☞ Web address
 - ☑ Be concise; present information and facts quickly and in language that is easy to understand and that your audience—disaster survivors or specific groups of survivors—will relate to (see messages from the What section).
 - ☑ Make the design simple and uncluttered.
 - ☑ Use only one type of font, preferably a serif font (Georgia, Times New Roman, or Footlight MT Light), since those are easier to read than sans serif such as Arial, Franklin Gothic Book, or Veranda.
 - ☑ Try to use a photo or graphic in print ads that is a good representation of disaster mental health and your goals. Consider photos or graphics such as holding or helping hands, healing, children, support, or preparing. Consider graphics that are related to a specific coping strategy such as exercise or prayer, etc.
 - ☑ If you are using testimonials, quotes, photos, or graphics, make sure you have written permission.
 - ☑ Repeat. Repeat. Repeat. One ad will not be effective in reaching disaster survivors with information that may help them understand their reactions, impact their coping strategies, or know where to get help. Run your ads on a regular basis to create frequency and consistency, and to help disaster survivors get your message.
 - ☑ Measure your results by tracking the number of calls and hits to your web site.

Educational Materials

Educational materials are used to provide more information that may be general or specific. For instance, you may develop a brochure that addresses caregivers, or that specifically discusses anger. And, these may be distributed in a variety of places for anyone to pick up for more information.

In headlines and titles, avoid using questions that have a “yes” or “no” answer, such as: “Have you been feeling sad since the disaster?” It will be too easy for your audience to make the wrong choice and stop reading or listening, which means they will miss the important information you are communicating.

-
- ☑ Some types of educational materials include:
 - ☞ Brochures
 - ☞ Booklets
 - ☞ Stuffers
 - ☞ Postcards
 - ☞ Flyers
 - ☞ Posters
 - ☞ Checklists
 - ☑ Elements to include in educational materials:
 - ☞ Title
 - ☞ Introduction
 - ☞ Information that reinforces other messages, but may go into more detail
 - ☞ Call to action (what you want the audience to do: Call or visit our web site for free information)
 - ☞ Project name
 - ☞ Project description
 - ☞ Logo
 - ☞ Tag line
 - ☞ Telephone number (including TDD)
 - ☞ Web address
 - ☑ Use only one type of font, or consider one for headings and subheads, another for the copy.
 - ☑ Use photos or graphics.
 - ☑ If you are using testimonials, quotes, photos, or graphics, make sure you have written permission.
 - ☑ Identify how to distribute your educational materials, considering areas where people (general and more specific audiences) may go, such as:
 - ☞ Doctors' offices
 - ☞ Government offices
 - ☞ Post offices
 - ☞ Libraries and community centers
 - ☞ Disaster recovery centers
 - ☞ Restaurants
 - ☞ Stores, such as home improvement, grocery, pharmacy
 - ☞ Inserts in mailings, such as those by local utility, water, or cable companies

Promotional Materials and Events

A great way to help gain recognition for your crisis counseling project is through promotional materials. Consider the following:

- ☞ Stress balls
- ☞ Pens or pads of paper
- ☞ T-shirts or hats
- ☞ Flashlights or keychains

- ☑ Include your project name, logo, tag line, telephone number, and web address on your promotional materials.
- ☑ Another important public information and education effort is to participate in local events to distribute your information and conduct brief outreach. This participation can go a long way to helping you reach your goals for disaster mental health. Consider:
 - Memorials/commemorations (especially around the anniversary)
 - Community events at schools, malls, senior centers, annual gatherings, and expos
 - Labyrinth walk
 - Reflection rooms

Web Site

Having a web site is an important way to give large numbers of people access to information that will help them and their loved ones...and it is access when it is convenient for them and that is more private than calling and talking to someone who may ask questions a person isn't ready or willing to answer. It's even more important when you consider that some people will be reluctant to call for information, but will visit a web site. See below for more recommendations.

- ☑ Develop a disaster mental health (or a crisis counseling project specific) web site; see suggested outline and materials in Samples.
- ☑ Keep the web address reserved and information on the web site ready, even if the site is inactive when there is no disaster so that the work is already done and the information is already there to be quickly activated after a disaster.
- ☑ Include disaster mental health information on local town, city web site in a special section.
- ☑ Include disaster mental health information with other preparedness and response web sites.
- ☑ Make sure to include the web address on all materials.
- ☑ Issue a news release to announce the site so people know about it and what they will find there.
- ☑ Link to other web sites that have disaster recovery and disaster mental health information.
- ☑ Request that local media, local government or CSB, and disaster response organizations have a link on their web site to yours.



Arlington, VA, September 19, 2001 -- A sign showing support from local children hangs at the dining area set up for relief workers. Photo by Jocelyn Augustino/FEMA News Photo



Resources

Below is a list, though not exhaustive, of guides and web sites with information about disaster mental health, as well as about risk communications, emergency risk communications, and crisis communications. This information will be helpful in developing your public information and education efforts for disaster mental health.

Guides and CD-ROMs

- ☑ **Communicating in a Crisis: Risk Communication Guidelines for Public Officials**
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
www.riskcommunication.samhsa.gov/index.htm
- ☑ **Communication in Risk Situations: Responding to the Communication Challenges Posed by Bioterrorism and Emerging Infectious Diseases**
Association of State and Territorial Health Officials
www.astho.org/docs/productions/workbook.htm
- ☑ **Crisis Communication: Guidelines for Action, Planning what to Say when Terrorists, Epidemics, or Other Emergencies Strike (CD-ROM)**
Produced by The American Industrial Hygiene Association, May 2004
Handouts are available on Peter Sandman's web site without purchasing the CD-ROM/DVD, with the permission of the American Industrial Hygiene Association
www.psandman.com/handouts/AIHA-DVD.htm
- ☑ **Emergency Risk Communication (ERC)**
CDCynergy
Office of Communications
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
www.cdc.gov/communication/emergency/erc_overview.htm
- ☑ **Helping to Heal: A Training on Mental Health Response to Terrorism**
Community Resilience Project
Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
www.dmhmrzas.virginia.gov/CWD-HelpingToHeal.htm
- ☑ **Mental Health All Hazards Disaster Planning Guidance**
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
www.mentalhealth.samhsa.gov/publications/allpubs/SMA03-3829/

Web Sites

American Academy of Child and Adolescent Psychiatry
www.aacap.org/publications/factsfam/disaster.htm

American Psychological Association (APA)
www.apa.org

Center for Mental Health Services
www.mentalhealth.org/cmhs

Center for Risk Communication
www.centerforriskcommunication.org

Crisis and Emergency Risk Communication, CDC
www.au.af.mil/au/awc/awcgate/cdc/cerc_book.pdf

Emergency and Risk Communication, Centers for Disease Control
www.cdc.gov/communication/emergency/erc_overview.htm

Federal Emergency Management Agency (FEMA)
www.fema.gov

National Association of School Psychologists
www.nasponline.org/NEAT/unsettlingtimes.html

National Center for Post-Traumatic Stress Disorder
www.ncptsd.org

Peter Sandman
www.psandman.com or www.psandman.com/terror.htm for Crisis Communication Index

The Resiliency Center
www.resiliencycenter.com

Survivor Guidelines
www.survivorguidelines.org

Substance Abuse and Mental Health Services Administration
www.mentalhealth.org

Virginia Department of Emergency Management
www.vdem.state.va.us/

Virginia Department of Health, Emergency Preparedness and Response Programs
www.vdh.state.va.us/epr/

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services
www.dmhmrzas.virginia.gov

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